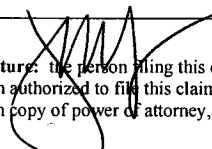


**Tab 7 BKK Ex. 7**

B 10 (Official Form 10) (12/08 Modified CEM)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
In re Chemtura Corporation, et al., Case No. 09-11233 (REG) (Jointly Administered)		
Name of Debtor: <b>ISCI, Inc.</b>	Case Number: <b>09-11252</b>	
NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>BKK Joint Defense Group c/o James J. Dragna Bingham McCutchen LLP 355 S. Grand Ave., Ste. 4400, Los Angeles, CA 90071 Tel.: (213) 680-6400</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
If address and name different from above, please provide the name and address where notices should be sent: Creditor Name:  Address:  City/State/ZIP Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <b>\$ See attached addendum \$</b> (Unsecured) <b>addendum</b> (Secured) \$ (Priority) \$ (Total)  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a) or 11 U.S.C. § 503(b)(9). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  Amount entitled to priority: \$ _____
2. Basis for Claim: <b>See attached addendum</b> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <b>n/a</b>  3a. Debtor may have scheduled account as: <b>n/a</b> (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. If the supporting documents are in excess of 100 pages, you may attach a summary of them and a list of each document you have relied upon. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
Date: <b>10/29/09</b>  Signature:  the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		FOR DEPOSIT ONLY <b>RECEIVED</b> <b>OCT 30 2009</b>  BRIAN CARSON CONSULTANTS

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1573



- ☒ Date Stamped Copy Returned  
☐ No self addressed stamped envelope  
☐ No copy to return

**BINGHAM**

Connie Salcido Delgado  
Direct Phone: 213.68 0.6550  
Direct Fax: 213.830.8744  
connie.delgado@bingham.com

October 30, 2009

**Via Hand Delivery**

Chemtura Claims Processing Center  
c/o Kurtzman Carson Consultants  
2335 Alaska Avenue  
El Segundo, CA 90245

**Re: In re Chemtura Corporation, Case No. 09-11233 (REG)  
United States Bankruptcy Court, Southern District of New  
York**

Dear Sir/Madam:

Enclosed please find Proofs of Claims on behalf of the BKK Joint Defense Group for the  
five Chemtura Corporation debtors listed below:

- (1) Chemtura Corporation; 09-11233
- (2) GLCC Laurel, LLC; 09-11246
- (3) Great Lakes Chemical Corporation; 09-11247
- (4) ISCI, Inc.; 09-11252
- (5) Uniroyal Chemical Company Limited (Del.). 009-11258

Please file the original and return a file/date stamped copy to the messenger.

Please call me if you have any questions. Thank you.

Sincerely yours,



Connie Salcido Delgado

Enclosures

Boston  
Hartford  
Hong Kong  
London  
Los Angeles  
New York  
Orange County  
San Francisco  
Santa Monica  
Silicon Valley  
Tokyo  
Walnut Creek  
Washington

Bingham McCutchen LLP  
Suite 4400  
355 South Grand Avenue  
Los Angeles, CA  
90071-3106

T 213.680.6400  
F 213.680.6499  
bingham.com

In re Chemtura Corporation, *et al.*  
Case No. 09-11233 (REG) (Jointly Administered)

**ADDENDUM TO PROOF OF CLAIM OF  
THE BKK JOINT DEFENSE GROUP AND EACH MEMBER THEREOF  
INCLUDING STATEMENT OF CLAIM AND SUPPORTING EXHIBITS**

1. This Proof of Claim ("Claim") is filed on behalf of the unincorporated group of entities referred to as the BKK Joint Defense Group (the "Group") and each individual member thereof (each a "Group Member," collectively "Group Members"), for that share of all expenses, damages, and response costs owed to the Group by one or more of the Debtors (the "Debtors") in the above-captioned bankruptcy proceedings, arising out of or in any other way related to, directly or indirectly, liabilities in connection with a 583-acre landfill facility located at 2210 South Azusa Avenue, West Covina, California (the "Facility"). Attached as Exhibit A hereto, and incorporated herein by reference, is a list identifying the name of each Group Member as of the date of this Claim. The signatory to this Proof of Claim is counsel for the Group, including each Group Member in such capacity, and counsel has been authorized by each Group Member to execute and file this Claim on behalf of the Group and the Group Members.

2. On March 18, 2009 (the "Petition Date"), the Debtors filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101 *et seq.* (the "Bankruptcy Code").

3. The Facility consists of a hazardous waste landfill, a municipal waste landfill, and associated treatment and control facilities, and is currently owned and operated by BKK Corporation ("BKK"). As current owner of the Facility, BKK is subject to certain post-closure care obligations and certain regulatory requirements under state and federal environmental laws. On October 18 and 20, 2004, BKK notified the California Department of Toxic Substances Control ("DTSC") that it would not be able to continue funding its post-closure and other obligations with respect to the Facility beyond November 17, 2004.

4. Pursuant to a settlement with DTSC, the Group has performed certain operation, maintenance, and monitoring activities at the Facility and has paid to DTSC certain response costs associated with the Facility. The Group expects to enter into a successor settlement with DTSC shortly, under which it will continue to perform certain operation, maintenance and monitoring activities at the Facility and will continue to pay to DTSC certain response costs associated with the Facility.

5. On information and belief, prior to the Petition Date, certain state and/or federal regulatory agencies may have identified one or more of the Debtors as potentially responsible parties ("PRPs") under the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. § 9601 *et seq.* ("CERCLA"), and/or other state or federal environmental laws, because of their status as prior owners or operators of the Facility, or because they had either generated or arranged for the disposal of materials at the Facility.

**In re Chemtura Corporation, et al.**  
**Case No. 09-11233 (REG) (Jointly Administered)**

6. The Group believes that, as of the date of this Proof of Claim, several of the Debtors had generated waste that was deposited at the Facility, or may have arranged for waste to be deposited at the Facility, including:

- **Chemtura Corporation** (operating under the names Allied Kelite Company; DeSoto, Inc.; Golden Bear Oil Co.; Halby Chemical; Halby Products, Inc.; Humko; Richardson Graphics Company; Sigma Chemicals, Inc.; Southwest Petro-Chem, Inc.; Uniroyal Chemical Company, Inc.; Uniroyal Chemical Corporation; Uniroyal Chemical Specialties, Inc.; and/or Witco Corporation);
- **Great Lakes Chemical Corporation;**
- **Great Lakes Chemical Global, Inc.;**
- **ISCI, Inc.** (operating under the name Inland Specialty Chemical Corporation); and
- **Uniroyal Chemical Company Limited (Del.).**

7. The waste manifests indicating that these Debtors deposited waste at the Facility are voluminous. Therefore, the Group has attached representative waste manifests for each such Debtor to this Proof of Claim as Exhibit B. Any party in interest may review the additional waste manifests by contacting the attorney for the Group as identified on the face of the Proof of Claim form.

8. On information and belief, based on their status as PRPs at the Facility, several of the Debtors may be liable to the Group under common law and applicable state and federal environmental statutes, including, without limitation, jointly and severally liable for recoverable response costs under section 107(a) of CERCLA and liable in contribution under section 113(f) of CERCLA. Past recoverable costs to date are in excess of \$35 million. Future recoverable costs are estimated to be in excess of \$500 million.

9. The Group, on behalf of itself and each Group Member, reserves its rights to amend this Claim from time to time to restate amounts contained in this Claim as it becomes further liquidated, and for other lawful purposes, including, without limitation, to file additional proofs of claim for additional sums that become due based on the respective rights and obligations established under the documents referred to herein, the relationships described herein or the events and circumstances described herein.

10. The Group, on behalf of itself and each Group Member, reserves its rights to claim all amounts due in respect of any post-Petition interest, default interest, all rights of and to indemnification, premiums, collection costs, pre- and post-Petition Date fees, costs and expenses, including, without limitation, attorneys' fees, costs and expenses, in amounts as yet undetermined, to the extent allowed by applicable law.

**In re Chemtura Corporation, et al.**  
**Case No. 09-11233 (REG) (Jointly Administered)**

11. This Claim is filed under the compulsion of the bar date established in this chapter 11 case and is filed to protect the Group and the Group Members from forfeiture of claims by reason of said bar date. Filing of this Claim is not and shall not be deemed or construed as:

- (a) a waiver or release of the Group's or any of the Group Members' rights against any person, entity or property (including, without limitation, any person or entity that is or may become a debtor in a case pending in this Court);
- (b) a consent by the Group or any of the Group Members to the jurisdiction of this Court or any other court with respect to proceedings, if any, commenced in any case against or otherwise involving the Group or any Group Members;
- (c) a waiver or release of the right of the Group or of any of the Group Members to trial by jury in this Court or any other court in any proceeding as to any and all matters so triable herein, whether or not the same be designated legal or private rights, or in any case, controversy or proceeding related hereto, notwithstanding the designation or not of such matters as "core proceedings" pursuant to 28 U.S.C. § 157(b)(2), and whether such jury trial right is pursuant to statute or the United States Constitution;
- (d) a consent by the Group or any of the Group Members to a jury trial in this Court or any other court, in any proceeding as to any and all matters so triable herein or in any case, controversy or proceeding related hereto, pursuant to 28 U.S.C. § 157(e) or otherwise;
- (e) a waiver or release of the right of the Group or any of the Group Members to have any and all final orders in any and all non-core matters or proceedings entered only after de novo review by a United States District Court Judge;
- (f) a waiver of the right to move to withdraw the reference with respect to the subject matter of this Proof of Claim, any objection thereto or other proceeding which may be commenced in this case against or otherwise involving the Group or any of the Group Members;
- (g) an election of remedies; or
- (h) a waiver or release of any right of setoff or recoupment that the Group or any Group Members may hold against any of the Debtors. Furthermore, the Group reserves the right to attach or bring forth additional documents supporting its claims.

12. The filing of this Proof of Claim shall not be deemed a waiver of the right of the Group or of any Group Members to assert that any or all of the amounts owed to it, if any, are entitled to administrative priority status or other priority status.

**In re Chemtura Corporation, *et al.***  
**Case No. 09-11233 (REG) (Jointly Administered)**

13. This Claim is filed in addition to and not in lieu of any other claim filed by any division of the Group or the Group Members or by any of their affiliates.

**In re Chemtura Corporation, *et al.***  
**Case No. 09-11233 (REG) (Jointly Administered)**

**EXHIBIT A**

**Members of the BKK Joint Defense Group**

American Honda Motor Co., Inc.  
Anadarko Petroleum Corporation  
Atlantic Richfield Company  
Bayer CropScience Inc.  
Chemical Waste Management, Inc.  
Chevron Environmental Management Company  
City of Los Angeles, Department of Water and Power  
ConocoPhillips Company  
Ducommun Aerostructures, Inc.  
Exxon Mobil Corporation  
General Motors Corporation  
Honeywell International Inc.  
Huntington Beach Company  
McFarland Energy, Inc.  
National Steel and Shipbuilding Company  
Northrop Grumman Corporation  
Quemetco, Inc.  
Rohr, Inc.  
Shell Oil Company  
Southern California Edison Company  
Thums Long Beach Company  
Union Carbide Corporation  
Union Oil Company of California  
Waste Management Collection and Recycling, Inc.  
Western Waste Industries, Inc.  
Xerox Corporation



**In re Chemtura Corporation, *et al.***  
**Case No. 09-11233 (REG) (Jointly Administered)**

**EXHIBIT B**

**Representative Waste Manifests**

CALIFORNIA HAZARDOUS WASTE  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

870  
DESIGNATED TSD FACILITY  
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

DESIGNATED TSD FACILITY  
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME ALLEN KELITE  
EPA NO. CA00000000000000000000  
ADDRESS 123 N. MAIN ST.  
CITY, STATE, ZIP CODE LA  
PHONE NO. 213 9210433  
ORDER PLACED BY DATE 5/17  
P.O. CONTRACT NO.

NAME ALLEN  
EPA NO. CA00000000000000000000  
ADDRESS 123 N. MAIN ST.  
CITY, STATE, ZIP CODE LA  
PHONE NO. 213 9210433

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN NA ID NO	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER	DUMP TRUCK
WASTE			25	44	DRUMS	
WASTE					TANK	
					BAGS	
					OTHER	

③ GENERATING PROCESS Chemical Process  
③ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_  
③ WASTE CATEGORY \_\_\_\_\_  
③ LIST COMPONENTS:  
A ACID  
B SILICATE  
C HAZ. WASTE  
D WATER  
③ WASTE PROPERTIES: PH 2 FLAMMABLE NO SOLID NO LIQUID YES GLOVES YES  
③ PHYSICAL STATE: LIQUID SLUDGE NO CLOGGLES NO  
③ SPECIAL HANDLING INSTRUCTIONS: \_\_\_\_\_  
③ NONHAZARDOUS MATERIAL: \_\_\_\_\_  
③ REACTIVE NO SENSITIZER NO CARCINOGEN MUTAGEN NO  
③ RESPIRATOR NO OTHER NO

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.  
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802  
③ SIGNATURE OF AUTHORIZED AGENT & TITLE AP Allen  
DATE SHIPPED \_\_\_\_\_

TRANSPORTER (HAULER MUST COMPLETE)  
③ NAME A.T.S. LIQUID WASTE DISPOSAL  
EPA NO. CA10101010101010101010  
ADDRESS 13858 E. Rosecrans  
CITY, STATE, ZIP CODE Santa Fe Springs, CA 90670  
PHONE NO. (213) 9210433  
JOB NO. 4825  
UNIT NO. 5  
PICK UP DATE 2/16/10 TIME AM PM

TSD FACILITY (OPERATOR MUST COMPLETE)  
③ NAME BKK  
EPA NO. CA00000000000000000000  
③ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:  
③ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:  
NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80  
③ HANDLING OR DISPOSAL METHOD:  
SURFACE IMPOUNDMENT NO  
INJECTION WELL NO  
TREATMENT (SPECIFY) \_\_\_\_\_  
RECOVERY OR REUSE NO  
STORAGE TRANSFER NO  
③ SIGNATURE OF AUTHORIZED AGENT & TITLE Allen  
DATE ACCEPTED 2-17-83

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

① MANIFEST NUMBER 498-N 001399

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

③ NAME ALLIED KEMITE  
EPA NO. E1A403961623162  
ADDRESS 225 N MAIN  
CITY, STATE, ZIP CODE LA 90001  
PHONE NO. 222-0201  
ORDER PLACED BY DATE 1-3-83  
C.O. / CONTRACT NO. 965-811

③ DESIGNATED TSD FACILITY

AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKS RA  
EPA NO. CAD0677H67819  
ADDRESS 220 AZUL AVE  
CITY, STATE, ZIP CODE WEST COVINA  
PHONE NO. 965-811

④ ALTERNATE TSD FACILITY

NAME                       
EPA NO.                       
ADDRESS                       
CITY, STATE, ZIP CODE                       
PHONE NO.                     

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER	DRUMS	BAGS	CARTONS	DUMP TRUCK
WASTE			625	30L					
WASTE									

③ WASTE CATEGORY

④ LIST COMPONENTS:  
A MUR  
B SILICATE  
C PHOSPHATE  
D SODA ASH  
WASTE PROPERTIES: PH 8 TOXIC ☐ FLAMMABLE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ GLOVES ☐  
⑤ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ GLOVES ☐  
⑥ SPECIAL HANDLING INSTRUCTIONS: NOISE  
⑦ WASTE PROPERTIES: PH 8 TOXIC ☐ FLAMMABLE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ GLOVES ☐  
⑧ GENERATING PROCESS SWAP SYSTEM, MFC  
CONC. RANGE UPPER LOWER UNITS  
A 4 4 PPM  
B 5 5 PPM  
C 7 7 PPM  
D 10 10 PPM  
NONHAZARDOUS MATERIAL ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN MUTAGEN ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802

SIGNATURE OF AUTHORIZED AGENT & TITLE                      DATE SHIPPED 1-3-83

**TRANSPORTER** (HAULER MUST COMPLETE)

④ NAME A.T.S. LIQUID WASTE DISPOSAL  
EPA NO. CAT0001612371619  
ADDRESS 13858 E. Rosecrans  
CITY, STATE, ZIP CODE Santa Fe Springs, CA 90670  
PHONE NO. (213) 9210433  
JOB NO. 4705  
UNIT NO. 5  
PICK UP DATE 1-3-83 TIME                      AM ☐ PM ☐

**TSD FACILITY** (OPERATOR MUST COMPLETE)

④ NAME                       
EPA NO.                       
⑤ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT  
⑥ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY  
NAME                       
EPA NO.                       
REVISED 11/80  
⑦ HANDLING OR DISPOSAL METHOD: ☒ SURFACE IMPOUNDMENT ☐ INJECTION WELL ☐ TREATMENT (SPECIFY) ☐ RECOVERY OR REUSE ☐ STORAGE TRANSFER  
⑧ QUANTITY MEASURED 500  
⑨ STATE FEE 11.00  
⑩ DATE 1-3-83  
⑪ SIGNATURE OF AUTHORIZED AGENT & TITLE                      DATE ACCEPTED 1-5-83

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

Revised December 1974

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): DE SOTO  
Pick up Address: 613 W. Grosse (City) Orange (State) CA  
Telephone Number: (714) 847-1072  
Order Placed By: John De Soto P.O. or Contract No.: 5-18-80 Date: 5-18-80

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): STEVEYSON BROS  
Business Address: 18062 Gothard (BX 335) (Street) Huntington Bch, CA 92648  
Telephone Number: (714) 847-1072 Pick up: (Date) 57  
State Liquid Waste Hauler's Registration No. (if applicable):  
Job No.: 31495 No. of Loads or Trips: 1 Unit No.: 34

Type of Process which Produced Wastes:  
(Examples: metal plating, equipment cleaning, oil drilling--Code No. \_\_\_\_\_  
wastewater treatment, pickling bath, petroleum refining.)

DESCRIPTION OF WASTE (Must be filled by producer)

- Check type of wastes:
- ☐ Acid solution
  - ☐ Alkaline solution
  - ☐ Paint sludge
  - ☒ Paint sludge WATER BASE
  - ☐ Solvent
  - ☐ Tetraethyl lead sludge
  - ☐ Chemical toilet wastes
  - ☐ Tank bottom sediment
  - ☐ Oil
  - ☐ Drilling mud
  - ☐ Contaminated soil and sand
  - ☐ Cannery waste
  - ☐ Latex waste
  - ☐ Mud and water
  - ☐ Brine

☐ Other (Specify) \_\_\_\_\_ Code No. \_\_\_\_\_

Components:  
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:  
pH \_\_\_\_\_ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive ☐  
Bulk Volume: 2500 gal ☐ barrels (42 gal) ☐ other (specify) \_\_\_\_\_  
Containers: \_\_\_\_\_ drums ☐ cartons ☐ bags ☐ other (specify) \_\_\_\_\_  
Physical State: \_\_\_\_\_ solid ☐ liquid ☐ sludge ☐ other (specify) \_\_\_\_\_  
Special Handling Instructions (if any): none

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title \_\_\_\_\_

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK Landfill  
Site Address: 220 BBA Code No. \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RCOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 6.37 State fee (if any): 0  
Handling Method(s):  
☐ recovery ☐ treatment (specify): \_\_\_\_\_  
☐ disposal (specify): \_\_\_\_\_  
☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 6-18-80  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

No 2805

BKK-12-C-057-00004910

# INDUSTRIAL WASTE HAULERS REPORT

## PRODUCER OF LIQUID WASTE

Name De Soto, Inc.

Pick up Address P.O. Box 1325, Orange, Calif 92668

Type of process which produced wastes LATEX WASTE

examples: metal pickling, equipment cleaning, chemical formulation, etc.

I certify that the described waste was delivered to the hauler named below for legal disposal at the site indicated.

## HAULER

Name M-G DISPOSAL SERVICE

Business Address 301 East Street, Wilmington, Calif

I certify that the described waste was hauled by me to the disposal facility named below and it was accepted.

Business License Truck Tag No. #190

## DISPOSAL FACILITY

Name B.K.K. Co.

Site Address W. Carwin, Calif.

I certify that the hauler above delivered the described liquid waste to this disposal facility and it was an acceptable material under the terms of an Industrial Waste Disposal Permit.

IF WASTE IS HELD FOR DISPOSAL ELSEWHERE, SPECIFY FINAL LOCATION

SIGNATURE OF WASTE DISPOSAL FACILITY OPERATOR

OK Per Bar

The original of this certificate must be promptly forwarded to Mr. John A. Lemble, County Engineer, Room 226, County Engineering Bldg., 108 W. 2nd Street, Los Angeles, Calif. 90012

M-G 1  
201  
Full

assigned to

ORANGE, CALIF. Sep

Pick-up

HIS SHIPPING ORDER

Must be

- Quantity 2912 (gals)
- CHECK TYPE OF LIQUID WASTE:
- ☐ ACETYLENE SLUDGE
  - ☒ LATEX WASTE
  - ☐ LIME SODA WATER
  - ☐ MUD AND WATER
  - ☐ OIL FIELD BRINE
  - ☐ PAINT SLUDGE
  - ☐ ROTARY MUD
  - ☐ TANK BOTTOM SEDIMENT
  - ☐ TILE GLAZE WASTE

HAUL	ENVIRONMENTAL	70	65	55	42	40	31	35	25	22	18	15-17	07	04	01-03

POSABLE PALETS

TAL PALETS

NO  
NO  
NO

SEAL NO

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading

INGE, CALIFORNIA 92668  
L. BOX 1325

Agent post office and PAYING address of shipper.

De Soto, Inc.

De Soto, Inc.

Agent, Per

2

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

009-087234

BKK-11-C-038-00002543

ORIGINAL

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
745 P Street, Sacramento, CA 95814

Manifest Number 009-088283

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

GENERATOR (Generator Must Complete)

2 Name GOLDEN BEAR

EPA NO. 0000000000

Address 4000 E WASHINGTON

City, State, Zip LA 90000

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name RRKK

EPA NO. 0000000000

Address 2210 80th AVE

City, State, Zip LA 90000

4 Alternate TSD Facility

Name

EPA NO.

Address

City, State, Zip

5 U.S. DOT PROPER SHIPPING NAME

HAZARD CLASS

UN/NA ID NO.

WEIGHT OR VOLUME

UNITS

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS

☐ TANK TRUCK ☐ DUMP TRUCK

☐ OTHER

6 WASTE CATEGORY

LIST COMPONENTS:

A. WATER TOTE

B. oil

C.

D.

WASTE PROPERTIES: pH 7.7

☐ Solid ☒ Liquid ☐ Sludge

☐ Toxic ☐ Corrosive/Irritant ☐ Gas

☐ Flammable ☐ Slurry ☐ Other

☐ Respirator ☐ Goggles

☐ Reactant ☐ Sensitizer ☐ Carcinogen/Mutagen

☐ Non Hazardous Material

EX. HAZ. WASTE PERMIT NO.

GENERATING PROCESS RAIN WATER

CONC. UPPER

RANGE LOWER

UNITS

%

ppm

ppm

ppm

ppm

ppm

ppm

ppm

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 R McHugh

Signature of Authorized Agent and Title

12-4-80

Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

14 NAME CHANCELLOR & OGDEN, INC.

EPA NO. 0000000000

ADDRESS 3031 East "I" Street

PHONE NO. (213) 432-8461

15 PICK-UP DATE 11-4-80

TIME AM

PM

Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

17 NAME BKK

EPA NO. 0000000000

PHONE NO. 965-0916

18 QUANTITY (If Measured)

19 STATE FEE (If Any)

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 NAME

23 James Chen

Signature of Authorized Agent and Title

12/4/80

Date Accepted

ORIGINAL





# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS WASTE MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **210-012880**

REVISED 11-40

See reverse side for instructions.  
Please type or print clearly. Press Hard.

② Name <b>GRANT LAKES CHEN</b> EPA NO. <b>CAD0079532920</b> Address <b>12461 PLEASANT Phone No. 555-1153</b> City, State, Zip <b>LAUREL, CA 92204</b> Order Placed By <b>C. B. B.</b> DATE <b>4-20-82</b> CONTRACT NO.		③ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) Name <b>BKK LANDFILL</b> EPA NO. <b>CAD0067786749</b> Address <b>2210 S. Azusa Ave.</b> City, State, Zip <b>W. Covina, California 91722</b> Phone No. <b>(213) 965-0911</b>		④ ALTERNATE TSD FACILITY	
⑤ U.S. DOT PROPER SHIPPING NAME WASTE <b>CHLOROPICLIN</b> WASTE <b>POISON</b> HAZARD CLASS <b>6.1</b> U.S. DOT ID NO. <b>1580</b> WEIGHT OR VOLUME <b>5300 #</b> UNITS		CONTAINERS: NUMBER <b>511</b> TYPE: <input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER			
⑥ WASTE CATEGORY <b>19</b> LIST COMPONENTS <b>NO</b> ⑦ EX. HAZ. WASTE PERMIT NO.		⑧ GENERATING PROCESS			
⑨ A. <b>CHLOROPICLIN</b> B. <b>PLATES/RESERVE</b> C. D.		CONCENTRATION RANGE UPPER LOWER E. <input type="checkbox"/> ppm. <input type="checkbox"/> ppm. F. <input type="checkbox"/> ppm. <input type="checkbox"/> ppm. G. <input type="checkbox"/> ppm. <input type="checkbox"/> ppm. Non Hazardous Material <input type="checkbox"/> %		UNITS <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm.	
⑩ WASTE PROPERTIES: pH ⑪ PHYSICAL STATE: <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Gas ⑫ SPECIAL HANDLING INSTRUCTIONS: <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator		⑬ <b>EX. BULK 957.27 M.C.</b> Signature of Authorized Agent and Title		Date Shipped <b>4-21-82</b>	
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.					
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802					
⑭ NAME <b>FALCON DISPOSAL SERVICE</b> EPA NO. <b>CAD0000048934</b> ADDRESS <b>3031 East "I" Street</b> PHONE NO. <b>(213) 432-8461</b> CITY, STATE, ZIP <b>Wilmington, California 90744</b>		⑮ PICK-UP DATE <b>4-21-82</b> TIME <input type="checkbox"/> AM <input type="checkbox"/> PM ⑯ <b>Alex Dwyer</b> Signature of Authorized Agent and Title		Date <b>4-26-82</b>	
⑰ NAME <b>BKK LANDFILL</b> EPA NO. <b>CAD0067786749</b> PHONE NO. <b>(213) 965-0911</b>		⑱ QUANTITY (If Measured) ⑲ STATE FEE (If Any) \$ <b>426</b> ⑳ HANDLING OR DISPOSAL FEE \$ <b>426</b> <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Land Treatment <input type="checkbox"/> Injection Well <input type="checkbox"/> Treatment (Specify) <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer		㉑ <b>4/21/82</b> Signature of Authorized Agent and Title	
㉒ <b>NAME</b> EPA NO.					
㉓ <b>NAME</b> EPA NO.					

ORIGINAL

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

Revised December 1974

009-012364

<b>PRODUCER OF WASTE (Must be filled by producer)</b> Name: <u>George Blodgett</u> Pick up Address: <u>Telegraph + Wood St S.F.S.</u> Telephone Number: <u>( )</u> P.O. or Contract No.: <u>15661</u> Order Placed By: <u>Hawks Point</u> Date: <u>1-8-77</u> Type of Process which Produced Wastes: <u>Pulp waste from Pulp Mill</u> Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining		<b>HAULER OF WASTE (Must be filled by hauler)</b> CHANCELLOR & OGDEN, INC. 3031 East "I" Street, Wilmington, California 90744 Phone: (213) 432-8461 Pick Up: <u>1-8-77</u> Time: <u>9</u> am State Liquid Waste Hauler's Registration No. (if applicable): Job No.: <u>10383</u> No. of Loads or Trips: <u>1</u> Unit No. <u>219-210A</u> Vehicle: <input checked="" type="checkbox"/> vacuum truck <u>SD</u> barrels, <input type="checkbox"/> flatbed, <input type="checkbox"/> other (specify) The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of Authorized Agent and Title: <u>W. C. Evans</u>	
<b>DESCRIPTION OF WASTE (Must be filled by hauler)</b> Check type of wastes: 1. <input type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent 6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud 11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input checked="" type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine Other (Specify): Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide) <u>Water H2O - 100%</u> <u>Disposal Tank</u>		<b>DISPOSER OF WASTE (Must be filled by disposer)</b> Name (print or type): <u>220 S. Anna W.C.</u> Site Address: <u>220 S. Anna W.C.</u> The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): <u>500 gal</u> State fee (if any): Handling Method(s): <input type="checkbox"/> recovery <input type="checkbox"/> treatment (specify): <input checked="" type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well <input type="checkbox"/> other (specify): If waste is held for disposal elsewhere specify final location: Disposal Date: <u>1-10-77</u> I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of Authorized Agent and Title: <u>R. Bunting</u>	
<b>Hazardous Properties of Waste:</b> pH: <u>5.00</u> <input type="checkbox"/> none <input type="checkbox"/> toxic <input checked="" type="checkbox"/> flammable <input type="checkbox"/> corrosive <input type="checkbox"/> explosive Bulk Volume: <u>500</u> gal <input type="checkbox"/> tons <input type="checkbox"/> barrels (42 gal.) <input type="checkbox"/> other (specify) Containers: <u>500</u> (NUMBER) <input type="checkbox"/> drums <input type="checkbox"/> cartons <input type="checkbox"/> bags <input type="checkbox"/> other (specify) Physical State: <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other (specify) Special Handling Instructions (if any): <u>none</u>		The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of Authorized Agent and Title: <u>George Blodgett</u>	

BILLING COPY

BKK-12-C-053-00001957

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

210-

0000694

09-11233-jlg Doc 2812-12 Filed 05/28/10 Entered 05/28/10 16:17:12 Exhibit Tab

7 BKK Ex 7 Pg 19 of 31

PRODUCER OF WASTE (Must be filled by producer)

Name Alvarado Produce T CODE NO.     

Pick up Address: 6301 KJ077 AVE, Buena Park (STREET) (CITY)

Telephone Number: (714) 523-0320 P.O. or Contract No.     

Order Placed By:      Date:     

Type of Process which Produced Wastes:      CODE NO.       
(Examples: metal plating, equipment cleaning, oil drilling -- wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☒ Other (Specify) PAPER SATURATED W/OIL CODE NO.     

Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration:	ppm
	Lower	Upper
1.	<u>    </u>	<u>    </u>
2.	<u>    </u>	<u>    </u>
3.	<u>    </u>	<u>    </u>
4.	<u>    </u>	<u>    </u>
5.	<u>    </u>	<u>    </u>
6.	<u>    </u>	<u>    </u>

Hazardous Properties of Waste:

pH      ☐ none ☐ toxic ☒ flammable ☐ corrosive ☐ explosive

Bulk Volume:      gal ☒ tons ☐ (42 gal.) barrels ☐ other (Specify)     

Containers:      (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other (Specify) APR BOX

Physical State: ☒ solid ☐ liquid ☐ sludge ☐ other (Specify)     

Special Handling Instructions (if any):     

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Collins  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

FALCON DISPOSAL SERVICE  
3031 East "I" Street, Wilmington, California 90744  
Phone: (213) 830-7662

Pick Up: 1-8-80 Time: 11:00 PM  
(DATE) 210

State Liquid Waste Hauler's Registration No. (if applicable):     

Job No.:      No. of Loads or Trips:      Unit No. 328

Vehicle: ☐ vacuum truck ☐ flatbed, ☐ other ROTOR (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Collins  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK Waste CODE NO.     

Site Address: 2200 Bush Ave

The hauler above delivered the described waste to the disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 8.37 State fee (if any): 8.37

Handling Method(s):

☐ recovery

☐ treatment (specify):     

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well

☐ other (specify):     

If waste is held for disposal, please specify final location:     

Disposal Date: 1-8-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name     

BILLING COPY

BKK-12-C-018-00004278

Revised December 1974  
FE

# CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

210-001719

**PRODUCER OF WASTE (Must be filled by producer)**

Name: HAZARDOUS PRODUCTS CODE NO.     

Pick up Address: 6301 KNIGHT AVE (CITY) BUREAU PARK

Telephone Number: 533 0370 P.O. or Contract No.     

Order Placed By:      Date:     

Type of Process which Produced Wastes: Vegetable oil Refining CODE NO.       
(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

**HAULER OF WASTE (Must be filled by hauler)**

**FALCON DISPOSAL SERVICE**  
3031 East "I" Street, Wilmington, California 90744  
Phone: (213) 830-7662

Pick Up: 2-1-80 Time 11:00 AM CODE NO.     

State Liquid Waste Hauler's Registration No. (if applicable):     

Job No.: 4422 No. of Loads or Trips: 4 Unit No. 322

Vehicle: ☐ vacuum truck ☐ flatbed, ☐ barrels, ☐ Other (SPECIFY)     

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE     

**DESCRIPTION OF WASTE (Must be filled by producer)**

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☒ Other (Specify) Paper Saturated w/oil

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

1. <u>chut oil</u>	Concentration: <u>    </u> %	ppm
2. <u>Palm oil</u>	Upper <u>    </u>	<u>    </u>
3. <u>Palm oil</u>	Lower <u>    </u>	<u>    </u>
4. <u>Soy bean oil</u>	<u>    </u>	<u>    </u>
5. <u>    </u>	<u>    </u>	<u>    </u>
6. <u>    </u>	<u>    </u>	<u>    </u>

**DISPOSER OF WASTE (Must be filled by disposer)**

Name (print name): DAVID ARIZA CODE NO.     

Site Address: W.C.C. CODE NO.     

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 5.30 State fee (if any): \$5.30

Handling Method(s):

☐ recovery

☐ treatment (specify):      (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.     

☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well CODE NO.     

If waste is held at disposal site, specify final location:     

Disposal Date: 2/01/80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE David Ariza

**Hazardous Properties of Waste:**

pH      ☐ none ☐ toxic ☒ flammable ☐ corrosive ☐ explosive

Bulk Volume:      gal ☒ tons ☐ (42 gal.) ☐ barrels ☐ other (SPECIFY)     

Containers: 1 Box 40yds ☐ cartons ☐ bags ☐ other (SPECIFY)     

Physical State: ☒ solid ☐ liquid ☐ sludge ☐ other (SPECIFY)     

Special Handling Instructions (if any): none

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name     

HAULER—OFFICE FILE COPY

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE Rafael Cardenas  
Hauler

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

Revised December 1974

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Enland Chemical  
Pick up Address: 2003 W Collins Orange (City)  
Telephone Number: (714) 859-4501 P.O. or Contract No.:  
Order Placed By: 3/15/77 Date:

Type of Process: Solvent Refining  
Which Produced Waste: (Examples: metal plating, equipment cleaning, oil drilling—Code No. \_\_\_\_\_)  
wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:  
1. ☐ Acid solution  
2. ☐ Alkaline solution  
3. ☐ Pesticides  
4. ☐ Paint sludge  
5. ☐ Solvent  
6. ☐ Tetraethyl lead sludge  
7. ☐ Chemical toilet wastes  
8. ☒ Tank bottom sediment  
9. ☐ Oil  
10. ☐ Drilling mud  
11. ☐ Contaminated soil and sand  
12. ☐ Cemetery waste  
13. ☐ Latex waste  
14. ☐ Sludge and water  
15. ☐ Refine  
☐ Other (Specify): \_\_\_\_\_ Code No. \_\_\_\_\_

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)  
1. Methylethyl Chloride  
2. Acetone  
3. Toluol  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
Concentration: \_\_\_\_\_ ppm  
Upper \_\_\_\_\_  
Lower \_\_\_\_\_

Hazardous Properties of Waste:  
pH \_\_\_\_\_ ☐ none ☐ flammable ☐ corrosive ☐ explosive  
Bulk Volume: 400 ☒ gel ☐ cones ☐ barrels (42 gal.) ☐ other (specify)  
Containers: \_\_\_\_\_ ☐ drums ☐ cartons ☐ bags ☐ other (specify)  
Physical State: \_\_\_\_\_ ☐ solid ☒ liquid ☐ sludge ☐ other (specify)  
Special Handling Instructions (if any): sludge

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.  
Enland Chemical  
Signature of authorized agent and title

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): SOUTHLAND DRAIN OIL CO.  
Business Address: 13219 Goller Ave Norwalk, ca. 90650 No. \_\_\_\_\_  
Telephone Number: (213) 803-4701 Pick Up: 3/15/77 (City) (Date) Time: 10:30 am  
State Liquid Waste Hauler's Registration No. (if applicable): 165

Job No.: \_\_\_\_\_ No. of Loads or Trips: 1 Unit No.: 2  
Vehicle: ☒ vacuum truck 30 barrels, ☐ flatbed, ☐ other (specify)  
The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK  
Site Address: 2210 S. Highway 11, CAUNOA  
Code No. \_\_\_\_\_  
Signature of authorized agent and title: Charles R. Baker

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 400 gal State fee (if any): 300

Handling Method(s):  
☐ recovery  
☐ treatment (specify): \_\_\_\_\_  
☐ disposal (specify): ☒ spreading ☐ landfill ☐ injection well  
Code No. \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 3-15-77  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

SEE REVERSE SIDES FOR INSTRUCTIONS, PLEASE TYPE OR PRINT CLEARLY.  
PRESS HARD

27760 CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

① MANIFEST NUMBER 063 N° 004006

② DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

③ GENERATOR (GENERATOR MUST COMPLETE)  
Inland Specialty Chemical Corp.  
NAME: BKK CORP  
EPA NO.: CADD006771816749  
ADDRESS: 2023 Collins  
CITY, STATE: Orange, CA 92667  
ZIP CODE: 714  
PHONE NO.: 997-5880  
ORDER PLACED BY: John McDonald  
DATE: 10/14  
P.O. CONTRACT NO.

④ ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

⑤ U.S. DOT PROPER SHIPPING NAME  
WASTE: Methylene Chloride, Methylene Chloride  
WASTE CLASS: RM-A  
UN/NA I.D. NO.: 100  
WEIGHT OR VOLUME: 100  
UNITS: 100  
CONTAINERS NUMBER: 100  
BAGS: 0  
DRUMS: 0  
CARTONS: 0  
DUMP TRUCK: 0

⑥ WASTE CATEGORY: 65  
⑦ EX. HAZ. WASTE PERMIT NO.: N/A  
⑧ GENERATING PROCESS: Wash water  
CONC. RANGE: UPPER LOWER UNITS  
LIST COMPONENTS: A Methylene Chloride 5.0 9.0  
B Methylene Chloride 1.2 1.2  
C Methylene Chloride 1.2 1.2  
D Methylene Chloride 1.2 1.2  
⑨ WASTE PROPERTIES: PH 5 TOXIC [X] FLAMMABLE [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ]  
⑩ WASTE HANDLING INSTRUCTIONS: [X] GLOVES [ ] GOGGLES [ ]  
⑪ PHYSICAL STATE: [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ]  
⑫ SPECIAL HANDLING INSTRUCTIONS: [ ] GLOVES [ ] GOGGLES [ ]  
⑬ NON HAZARDOUS MATERIAL: [ ] REACTIVE [ ] SENSITIZER [ ] CARCINOGEN/MUTAGEN [ ]  
⑭ WASTE PROPERTIES: PH 5 TOXIC [X] FLAMMABLE [ ] SOLID [X] LIQUID [ ] SLUDGE [ ] SLURRY [ ]  
⑮ WASTE HANDLING INSTRUCTIONS: [X] GLOVES [ ] GOGGLES [ ]

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.  
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802  
SIGNATURE OF AUTHORIZED AGENT & TITLE: [Signature] DATE SHIPPED: 10/20

TRANSPORTER (HAULER MUST COMPLETE)  
① NAME: UNITED PUMPING SERVICE  
EPA NO.: CADD0072953771  
ADDRESS: 14016 EAST VALLEY BOULEVARD  
CITY, STATE: CITY OF INDUSTRY, CA 91746  
PHONE NO.: (213) 961-3326  
JOB NO.: 23715  
UNIT NO.: 10  
PICK-UP DATE: 10-20-01  
TIME: 7 AM  
SIGNATURE OF AUTHORIZED AGENT & TITLE: [Signature]

TSD FACILITY (OPERATOR MUST COMPLETE)  
① NAME: [Signature]  
EPA NO.: CADD006771816749  
② INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT  
③ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY  
NAME: [Signature]  
EPA NO.: [Signature]  
④ QUANTITY (IF MEASURED): 17.86  
⑤ STATE FEE (IF ANY): \$ 17.86  
⑥ HANDLING OR DISPOSAL METHOD: [X] LANDFILL [ ] SURFACE IMPROVEMENT [ ] INJECTION WELL [ ] TREATMENT (Specify): [ ] RECOVERY OR REUSE [ ] STORAGE/TRANSFER [ ]  
DATE ACCEPTED: 10-20-01

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): RICHARDSON GRAPHICS Code No.     

Pick up Address: 1042 Wallace Place (City) City of Industry

Telephone Number: ( ) 965-8456 P.O. or Contract No.     

Order Placed By: Mrs Gay Date: 10-27-75

Type of Process PRINTING MATERIAL Code No.     

which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No.       
wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	8. <input type="checkbox"/> Tank bottom sediment
2. <input type="checkbox"/> Alkaline solution	9. <input type="checkbox"/> Oil
3. <input type="checkbox"/> Pesticides	10. <input type="checkbox"/> Drilling mud
4. <input type="checkbox"/> Paint sludge	11. <input type="checkbox"/> Contaminated soil and sand
5. <input type="checkbox"/> Solvent	12. <input type="checkbox"/> Cannery waste
6. <input type="checkbox"/> Tetraethyl lead sludge	13. <input type="checkbox"/> Latex waste
7. <input type="checkbox"/> Chemical toilet wastes	14. <input type="checkbox"/> Mud and water
	15. <input type="checkbox"/> Brine

☐ Other (Specify) Defective Developing SOLUTIONS. Code No.     

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration:	ppm
	Upper	Lower
1. <u>    </u>	<u>    </u>	<u>    </u>
2. <u>    </u>	<u>    </u>	<u>    </u>
3. <u>    </u>	<u>    </u>	<u>    </u>
4. <u>    </u>	<u>    </u>	<u>    </u>
5. <u>    </u>	<u>    </u>	<u>    </u>
6. <u>    </u>	<u>    </u>	<u>    </u>

Hazardous Properties of Waste:

pH      ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume:      gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)     

Containers: 45 (Number) ☐ drums ☒ cartons ☐ bags ☐ other (specify)     

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)     

Special Handling Instructions (if any):     

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Mr. Richard D. Gay  
Signature of authorized agent and title

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): City of Industry Disposal Co. Code No. 592

Business Address: 420 North Del Valle (City) City of Industry

Telephone Number: ( ) 336-5439 Pick Up: 10-27-75 (Date) Time:      am ☐ pm ☐

State Liquid Waste Hauler's Registration No. (if applicable): 00193

Job No.:      No. of Loads or Trips: one Unit No.:     

Vehicle: ☐ vacuum truck ☐ flatbed, ☐ other (specify) Pickup

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKR Co Code No.     

Site Address: 2210 Azusa W.E.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 45 QT State fee (if any): CASES OF 4 EA.

Handling Method(s):

☐ recovery ☐ treatment (specify):     

☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify):     

If waste is held for disposal elsewhere specify final location:      Code No.     

Disposal Date: 10-27-75

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Mr. Richard D. Gay  
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

LACSD-230B-58929

**PRODUCER OF WASTE (Must be filled by producer)**

Name (PRINT OR TYPE) SIENA CHEMICAL CORP

Pick up Address: 2516 WOODLAND DR (CITY) ANAHEIM Zip Code 92817

Telephone Number: ( ) 714 P.O. or Contract No. 10

Order Placed By: DATE 10

Type of Process which Produced Waste: WATER TANK WASH

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

**DESCRIPTION OF WASTE (Must be filled by producer)**

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☐ Other (Specify) 1.0

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Concentration:	Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

**Hazardous Properties of Waste:**

pH 11.5 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 115 gal ☐ tons ☐ drums ☐ cartons ☐ bags ☐ other (Specify) barrels

Containers: 115 ☐ drums ☐ cartons ☐ bags ☐ other (Specify)

Physical State: ☐ solid ☐ liquid ☒ sludge ☐ other (Specify)

Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

X. W. Scott Carls  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

**HAULER OF WASTE (Must be filled by hauler)**

Name (print or type): SUMP DOCTOR

Business Address: 4080 W 1ST ST #279 (City) Santa Ana CA 92703 No. 92703

Telephone Number: 714 55-0083 Pick Up: 10:15 (Date) 230

State Liquid Waste Hauler's Registration No. (if applicable): 230

Job No.: 3010 Unit No.: 2

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct.

signature of authorized agent and title [Signature]

**DISPOSER OF WASTE (Must be filled by disposer)**

Name (print or type): B.K.K.

Site Address: 2310 S. AZUSA, W. CALIFORNIA No. 91799 Code No. 230

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): see 83009432 State fee (if any):

Handling Method(s):

☐ recovery ☐ treatment (specify): see 83009432 Code No. 230

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well ☐ other (specify): see 83009432 Code No. 230

If waste is held for disposal elsewhere specify final location:

Disposal Date: 3/19/83

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

2.80

GEN 69000	OLD/NEW	L	A	TONS
TRAN 230	7p-321	S	RT	CD 60
C/Q				HWF # 83009432

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name



State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH

UNIFORM HAZARDOUS WASTE MANIFEST

744 P Street  
Sacramento, CA 95814

8:33

STATE ID NUMBER **8 3073574**

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS <b>SIGMA CHEMICAL CORP.</b> <b>2516 WOODLAND DR.</b> <b>ANAHEIM, CA 92811</b> AREA CODE/PHONE NUMBER <b>714/821-0681</b>		MANIFEST DOCUMENT NUMBER <b>CA 7780737927</b>	
TRANSPORTER NO. 1 <b>SUMP DOCTOR</b> <b>4080 WILSON ST.</b> <b>SANTA ANA, CA.</b>		VEH./CONTAINER NO. <b>140005</b>	EPA ID NUMBER <b>CA 7780737927</b>
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY		VEH./CONTAINER NO.	EPA ID NUMBER
TREATMENT STORAGE, OR DISPOSAL (TSD) FACILITY <b>BKK</b> <b>2210 SO. AZUSA AVE</b> <b>WEST COVINA, CA</b> AREA CODE/PHONE NUMBER <b>213/965-0916</b>		EPA ID NUMBER <b>CA 7780737927</b>	
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL
<b>CORROSIVE MATERIAL NOS.</b>	<b>NA 2020</b>	<b>1163</b>	<b>LBS</b>
<b>TRICHLOROPHENOL (ORMA)</b>	<b>NA 2020</b>	<b>1170</b>	<b>LBS</b>
<b>CORROSIVE MATERIAL NOS</b>	<b>NA 2020</b>	<b>1170</b>	<b>LBS</b>
COMPONENTS		CONC. RANGE	
		UPPER	LOWER
<b>TRICHLOROPHENOL</b>			<b>90</b>
<b>PENTACHLOROPHENOL</b>			<b>90</b>

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature **WILLIAM H. CARLS** MO. **110** DAY **25** YR. **83**

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
Printed or typed full name and signature **DIANE ROGIE** MO. **110** DAY **25** YR. **83**

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
Printed or typed full name and signature **058** MO. **110** DAY **25** YR. **83**

DISCREPANCY INDICATION SPACE

GEN <b>109001</b>	OLD/NEW	L	A	TONS
TRAN <b>02301</b>	<b>24-252</b>	B	B	<b>0.96</b>
CD <b>M-6</b>		RT <b>3SR</b>	CD	<b>HWF 18.00</b>

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD Facility must complete waste number. See instructions.  
Printed or typed full name and signature **KAY SIMPSON** MO. **110** DAY **26** YR. **83**

TSD Facility SENDS THIS COPY TO GENERATOR WITHIN 15 DAYS

BKK-10-C-055-00001056

# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **025-100020**

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

09-11233-jlg Doc 2812-12 Filed 05/28/10 Entered 05/28/10 16:17:12 Exhibit Tab

④ Alternate TSD Facility

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

(Generator Must Complete)

② Name Southwest Petrochem  
EPA NO. CAD 008286858  
Address 19530 So. Alameda Phone (913) 639-4500  
City, State, Zip CA 90221

Name BKK  
EPA NO. CAD 067786749  
Address 2310 A207A  
City, State, Zip W.C.

⑤ U.S. DOT PROPER SHIPPING NAME  
WASTE WATER & GREASE  
WASTE WATER GREASE  
U.S. DOT HAZARD CLASS 045  
UN/NA ID NO. 35881s  
WEIGHT OR VOLUME 35881s  
UNITS

CONTAINERS NUMBER: 35881s  
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS  
☒ TANK TRUCK ☐ DUMP TRUCK  
☐ OTHER

⑥ WASTE CATEGORY WATER GREASE ⑦ EX. HAZ. WASTE PERMIT NO.            ⑧ GENERATING PROCESS Acetylene on Pump out

LIST COMPONENTS:  
A. 50% GREASE B. 50% WATER C.            D.           

⑩ WASTE PROPERTIES: pH 7.0 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen  
⑪ PHYSICAL STATE: ☐ Solid ☐ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☐ Other             
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator ☐ Other           

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑭ NAME CROSBY & OVERTON, INC.  
EPA NO. CAD 0028409019  
ADDRESS 1620 W. 16th Street PHONE NO. (213) 432-5445  
CITY, STATE, ZIP Long Beach, CA 90813

⑮ PICK-UP DATE 12-12-80 TIME 0800 ☐ AM ☐ PM  
⑯ Signature of Authorized Agent and Title Albert Luvato Date Shipped 12-12-80

⑰ NAME BKK  
EPA NO. CAD 067786749  
PHONE NO. 965-0916

⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:  
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:           

⑲ HANDLING OR DISPOSAL METHOD:  
☐ Surface Impoundment ☐ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify)             
☐ Recovery or Reuse ☐ Storage/Transfer

⑳ Signature of Authorized Agent and Title            Date Accepted 12/12/80

ORIGINAL

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

009-023273  
DE

Revised December 1974

**PRODUCER OF WASTE:** Southwest Petrochem  
Name (PRINT OR TYPE) 1503 S. Alameda  
Pick up Address: (CITY) Compton 90224  
Telephone Number: 213-639-4584 P.O. or Contract No.:  
Order Placed By: Dennis Lohr Date: 12-19-79  
Type of Process: Cleaning Barber  
which Produced Wastes: (Examples: metalizing, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

**DESCRIPTION OF WASTE:**  
Check type of wastes:  
1. ☒ Acid solution  
2. ☐ Alkaline solution  
3. ☐ Pesticides  
4. ☐ Paint sludge  
5. ☐ Solvent  
6. ☐ Tetraethyl lead sludge  
7. ☐ Chemical toilet wastes  
8. ☐ Tank bottom sediment  
9. ☐ Oil  
10. ☐ Drilling mud  
11. ☐ Contaminated soil and sand  
12. ☐ Cannery waste  
13. ☐ Latex waste  
14. ☒ Mud and water  
15. ☐ Brine  
Other (Specify):  
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)  
Concentration: Upper Lower %  
1. Sludge 20 10 10  
2. Water  
3. HCL  
4.  
5.  
6.  
Hazardous Properties of Waste:  
pH 7.0 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive  
Bulk Volume: 100 gal ☐ gel ☐ tons ☒ barrels (42 gal.)  
Containers: (NUMBER) 100 ☐ drums ☐ cartons ☐ bags ☒ other VAC  
Physical State: ☐ solid ☒ liquid ☐ sludge  
Special Handling Instructions (if any): None  
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

**HAULER OF WASTE:** Chancellor & Ogden, Inc.  
Name (PRINT OR TYPE) 3031 East "I" Street, Wilmington, California 90744  
Phone: (213) 432-8461  
Pick Up: 19th Dec 79 Time: 9 am  
Job No.: 12148 No. of Loads or Trips: 1 Unit No. 201  
Vehicle: ☒ Vacuum truck ☐ flatbed, ☐ other (SPECIFY)  
The described waste was hauled by me to the disposal facility named below and was accepted.  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.  
Signature of Authorized Agent and Title: [Signature]  
**DISPOSAL:** BKK  
Name (print or type): 2210 S. Azusa Site Address: CA 91703  
The hauler above delivered the described waste to the disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.  
Quantity measured at site (if applicable): 13.73 State fee (if any): 13.73  
Handling Method(s):  
☐ recovery ☐ treatment (specify): [ ] ☒ pond ☐ spreading ☐ landfill ☐ injection well  
☒ disposal (specify): [ ] ☐ other (specify):  
If waste is held for disposal elsewhere specify final location:  
Disposal Date: 12/19/79  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.  
Signature of Authorized Agent and Title: [Signature]  
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.  
BKK LAIS REP  
PH OIL ALSO CONTAINS  
CHLORINATED SOLVENTS  
SPECIAL HANDLING REQ  
PK  
FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.  
D.O.T. Proper Shipping Name: [ ]  
Signature of Authorized Agent and Title: [Signature]

HAULER OFFICE FILE COPY

BKK-11-C-048-00004742

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SP

No. 12334

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Unigoyal Co  
Pick up Address: 1400 Sycamore St (City)  
Telephone Number: 916-234-1111 P.O. or Contract No.:  
Order Placed By: Bob Walters Date: 10/2/78

Type of Process: Holding Tank  
Which Produced Wastes: Examples: metal plating, equipment cleaning, oil drilling, waste water treatment, pickling bath, petroleum refining

## DESCRIPTION OF WASTE (Must be filled by producer)

- Check type of wastes:
- 1. ☐ Acid solution
  - 2. ☐ Alkaline solution
  - 3. ☐ Pesticides
  - 4. ☐ Paint sludge
  - 5. ☐ Solvent
  - 6. ☐ Tetrachloro lead sludge
  - 7. ☐ Chemical toilet wastes
  - 8. ☐ Tank bottom sediment
  - 9. ☐ Oil
  - 10. ☐ Drilling mud
  - 11. ☐ Contaminated soil and sand
  - 12. ☐ Cannery waste
  - 13. ☐ Latex waste
  - 14. ☐ Mud and water
  - 15. ☐ Brine

☐ Other (Specify) \_\_\_\_\_ Code No. \_\_\_\_\_

Components:  
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: %	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:  
pH 10.0 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive  
Bulk Volume: 100 ☐ gel ☐ concs ☐ barrels (42 gal) ☐ other (specify)  
Containers: 100 ☐ drums ☐ cartons ☐ bags ☐ other (specify)  
Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)  
Special Handling Instructions (if any): none

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.  
Dr. B. Walters  
Signature of authorized agent and title

PRESS FIRMLY - YOU ARE SIGNING 6 COPIES

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): INCORPORATED  
Business Address: 2221 LOMA ST., SO. EL MONTE, CALIF. 91733 Code No.  
Telephone Number: (213) 443-0103 Pick Up: 10/2/78 Time: 1:30  
State Liquid Waste Hauler's Registration No. (if applicable): 139  
Job No.: 9463 No. of Loads or Trips: 1 Unit No.: L-3

Vehicle: 1400 ☒ flatbed, ☐ other (specify)  
The described waste was hauled by me to the disposal facility named below and was accepted.  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)  
Signature of authorized agent and title  
Dr. B. Walters

Name (print or type): 2210-2254-00 Code No.  
Site Address: \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 1142 State fee (if any): \_\_\_\_\_

## Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): \_\_\_\_\_ (Examples: incineration, neutralization, precipitation)-Code No. \_\_\_\_\_
- ☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): \_\_\_\_\_ Code No. \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 10-2-78  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title  
Dr. B. Walters

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.  
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CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): UNIVERSAL CO  
Pick up Address: Telegraph Rd. Emeryville  
Telephone Number: (City)  
Order Placed By: Bob Watkins Date: 10/27/88

Type of Process which Produced Wastes: Holding Tank Cleaning  
(Examples: metal pickling, equipment cleaning, oil drilling—Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	8. <input type="checkbox"/> Tank bottom sediment
2. <input type="checkbox"/> Alkaline solution	9. <input checked="" type="checkbox"/> Oil
3. <input type="checkbox"/> Pesticides	10. <input type="checkbox"/> Drilling mud
4. <input type="checkbox"/> Paint sludge	11. <input type="checkbox"/> Contaminated soil and sand
5. <input type="checkbox"/> Solvent	12. <input type="checkbox"/> Cannery waste
6. <input type="checkbox"/> Tetraethyl lead sludge	13. <input type="checkbox"/> Latex waste
7. <input type="checkbox"/> Chemical toilet wastes	14. <input type="checkbox"/> Mud and water
	15. <input type="checkbox"/> Brine

☐ Other (Specify) \_\_\_\_\_ Code No. \_\_\_\_\_

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)

	Upper	Lower	Concentration: %	ppm
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Hazardous Properties of Waste:

pH _____	<input type="checkbox"/> none	<input type="checkbox"/> toxic	<input type="checkbox"/> flammable	<input type="checkbox"/> explosive
Bulk Volume: <u>100</u>	<input type="checkbox"/> gal	<input type="checkbox"/> drums	<input type="checkbox"/> bags	<input type="checkbox"/> other (specify) _____
Containers: <u>1</u>	<input type="checkbox"/> drums	<input type="checkbox"/> cartons	<input type="checkbox"/> liquid	<input type="checkbox"/> other (specify) _____
Physical State: _____	<input type="checkbox"/> solid	<input type="checkbox"/> liquid	<input type="checkbox"/> sludge	<input type="checkbox"/> other (specify) _____

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title: Bob Watkins

PRESS FIRMLY - YOU ARE SIGNING 6 COPIES

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): INCORPORATED  
Business Address: 2221 LOMA ST., SO. EL MONTE, CALIF. 91733 Code No. \_\_\_\_\_  
Telephone Number: (213) 443-0103 Pick Up: 10/27/88 Time: \_\_\_\_\_  
State Liquid Waste Hauler's Registration No. (if applicable): 139

Job No.: 9462 No. of Loads or Trips: 1 Unit No.: L-3  
Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (specify) \_\_\_\_\_  
The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): SKD USA Code No. \_\_\_\_\_  
Site Address: 18105

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of SWOCS requirements, State Department of Health regulations, and local regulations.

Quantity measured at site (if applicable): 18105 State fee (if any): \_\_\_\_\_

Handling Method(s):

☐ recovery  
☐ treatment (specify): \_\_\_\_\_  
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ incineration ☐ injection well ☐ other (specify): \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 10-27-88  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Signature of authorized agent and title: Bob Watkins

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

009-000544

# CALIFORNIA LIQUID WASTE HAULER RECORD

Revised December 1974

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

<b>PRODUCER OF WASTE (Must be filled by producer)</b> Name: <u>WICO CHEMICAL</u> Pick up Address: <u>2100 E 23rd ST CARSON</u> Telephone Number: <u>213-804-353</u> P.O. or Contract No.: Order Placed By: <u>Sanitation</u> Date: <u>4-1-75</u>		<b>HAULER OF WASTE (Must be filled by hauler)</b> CHANCELLOR & OGDEN, INC. 3031 East 1st Street, Wilmington, California 90744 Phone: (213) 432-8451 State Liquid Waste Hauler's Registration No. (if applicable): Job No.: <u>18731</u> No. of Loads or Trips: <u>1</u> Unit No: <u>190-1974</u> Vehicle: <u>vacuum truck</u> <input checked="" type="checkbox"/> flatbed, <input type="checkbox"/> other (specify): The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or officer of under penalty of perjury) that the foregoing is true and correct.	
<b>DESCRIPTION OF WASTE (Must be filled by producer)</b> Check type of wastes: 1. <input type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent 6. <input type="checkbox"/> Tetraethyl/lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud 11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine Other (Specify): Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide 1. <u>ALCL3</u> 2. <u>HCL</u> 3. <u>OIL</u> 4. 5. 6.		<b>DISPOSER OF WASTE (Must be filled by hauler)</b> Name (print or type): <u>B.B. 14 D3P</u> Site Address: <u>2810 S. FIVE ST. ALHAMBRA 91801</u> The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): <u>100 bbls.</u> State fee (if any): <u>10.00</u> Handling Method(s): <input type="checkbox"/> recovery <input type="checkbox"/> treatment (specify): <input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well <input type="checkbox"/> other (specify): <u>burned</u> If waste is held for disposal elsewhere specify final location: Disposal Date: <u>4-1-75</u> I certify (or declare) under penalty of perjury that the foregoing is true and correct.	
<b>Hazardous Properties of Waste:</b> pH <u>1-2</u> <input type="checkbox"/> none <input type="checkbox"/> toxic <input type="checkbox"/> flammable <input type="checkbox"/> corrosive <input type="checkbox"/> explosive Bulk Volume: <u>100</u> <input type="checkbox"/> gal <input type="checkbox"/> tons <input type="checkbox"/> barrels (42 gal.) <input type="checkbox"/> other (specify): Containers: <u>100</u> <input type="checkbox"/> drums <input type="checkbox"/> cartons <input type="checkbox"/> bags <input type="checkbox"/> other (specify): Physical State: <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other (specify): Special Handling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.		Signature of Authorized Agent and Title: <u>Bill Field</u> Signature of Authorized Agent and Title: <u>SS: Sanitation</u> FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-3300. D.O.T. Proper Shipping Name:	

HAULER OF WASTE COPY

BKK-22-A-093-00011267

